



भारतीय समुद्रीय विश्वविद्यालय / INDIAN MARITIME UNIVERSITY
मुंबई पोर्ट परिसर / MUMBAI PORT CAMPUS
हे बंदर रोड , मुंबई / HAY BUNDER ROAD, MUMBAI – 400 033.

अंतिम टूर दावा / FINAL TOUR CLAIM

1. Name of the employee : _____
2. E Code : _____
3. Designation : _____
4. Basic Pay : Band Pay : Rs. _____
Grade Pay : Rs. _____
Pay Matrix Level : _____
Basic Pay : Rs. _____
Lumpsum Amount : Rs. _____
5. Period of tour : From _____ to _____
6. Date of drawl of advance : _____
7. Amount of Advance drawn : Rs. _____
8. Purpose : _____
9. Project Number : _____
(If applicable)

10. Journey particulars :

Date & Time	From	To	No of KMs	Mode of Travel	Amount Paid Rs.	Class of Travel	Ticket Number/ Bill/ Receipt No
TOTAL							

11. Reimbursement of Hotel/Guest House accommodation charges :

Dates of Stay		No of Days	Name of the Hotel/Guest House	Amount Paid Rs.
From	To			
TOTAL				

- :::2:::
12. Daily Allowance : Rs. _____
 (From _____ to _____)
- Absence is < 6 hours : 30% of Lumpsum amount
 Between 6 to 12 hours : 70% of Lumpsum amount
 Absence is < 12 hours : 100% of Lumpsum amount
13. Others : Rs. _____
14. **Total of Col.9 to 13** : Rs. _____
15. Less: Advance drawn : Rs. _____
16. Balance payable by office : Rs. _____
17. Refundable to office : Rs. _____
18. Balance refunded : Rs. _____
19. Is the Claim reimbursable : Yes / No
20. If yes, indicate the name of the Client : _____

Certificates:

1. Certified that the claim for journeys mentioned in this bill has not been preferred or nor paid from any other source.
2. Certified that the amount claimed in this bill if found excess later on, the excess amount so claimed any, may be recovered from my salary
3. Certified that I have not claimed DA / Hotel / Conveyance for the days I availed leave during tour.
4. Certified that distance for road journeys shown in the bill are correct to the best of my knowledge and belief.
5. Certified that I have travelled in a class of accommodation not lower than that for which fares were claimed in this bill and to which I am entitled.
6. Certified that I was / was not treated as a guest of a Government or an Institution and was/ was not allowed free boarding and/or lodging at the expense of that Government or the Institution visited.

Employee Signature: _____

Date : _____

Counter signature of HOD
 with recommendations

[Finance & Accounts]

The net entitlement on account of Travelling Allowance as detailed below:-

1)	Railway/Air/Bus Fares	Rs. _____
2)	Travel by Roadways Fares	Rs. _____
3)	Road Mileage for _____ km @ Rs. _____	Rs. _____
4)	Hotel Accomodation Charges	Rs. _____
5)	Daily Allowance	Rs. _____
6)	Travel charges within the city	Rs. _____
<u>Less:</u> Advance paid (PV No: _____ Date: _____)		Rs. _____
Balance payable by office		Rs. _____
Balance refundable to office		Rs. _____
Balance refunded (RV No: _____ Date _____)		Rs. _____

कार्य सहायक Dealing Asstt.	सहायक कुलसचिव (वित्त) Asstt. Registrar(F)	उप कुलसचिव (प्रशासन) Dy.Registrar (Admin)	निदेशक DIRECTOR
-------------------------------	--	--	--------------------